FE6AN026

RECEIVED FEC MAIL CENTER

FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

2015 JUL 27 AM 7: 11

Office Use Only Example: If typing, type TYPE OR PRINT ▼ NAME OF 12FE4M5 COMMITTEE (in full) over the lines. IINDIANA REPUBLICAN ASSEMBLY SUPER DAC ADDRESS (number and street) Check if different than previously GRE 146/107 reported. (ACC) FEC IDENTIFICATION NUMBER ▼ CITY A STATE A ZIP CODE A 3. IS THIS NEW **AMENDED** REPORT OR (A) TYPE OF REPORT (b) Monthly Feb 20 (M2) Nov 20 (M11) Aug 20 (M8) May 20 (M5) (Non-Electi Year Only) Report<sub>a</sub> · (Choose One) Due On: Dec 20 (M12) Jun 20 (M6) Sep 20 (M9) Mar 20 (M3) (Non-Election Year Only) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report (Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) **PRE-Election** Quarterly Report (Q2) Report for the: Convention (12C) Special (12S) October 15 Quarterly Report (Q3) in the January 31 Election on State of Year-End Report (YE) July 31 Mid-Year 30-Day Report (Non-election **POST-Election** General (30G) Runoff (30R) Special (30S) Year Only) (MY) Report for the: Termination Report in the (TER) Election on State of Covering Period through I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. INICA Type or Print Name of Treasurer Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g. Office **FEC FORM 3X** Use Rev. 12/2004 Only

## 2045 - 07 - 27 - 08 - 00048657

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Re	eport	Covering the Period: From:	UCAN ASSOMBLY	SUPER PAC
			COLUMN A This Period	COLUMN B Calendar Year-to-Date
<b>3</b> .	(a)	Cash on Hand January 1,		
	(b)	Cash on Hand at Beginning of Reporting Period	01)	
	(c)	Total Receipts (from Line 19)	135000	1569 08
	(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	135001	1569.00
 7.	Tota	al Disbursements (from Line 31)	135434	15733
3.	Rep	sh on Hand at Close of porting Period botract Line 7 from Line 6(d))	(433)	433
 ).	the	ots and Obligations Owed <b>TO</b> Committee (Itemize all on needule C and/or Schedule D)		
0.	the	ots and Obligations Owed BY Committee (Itemize all on needule C and/or Schedule D)	18.84275	
	]	This committee has qualified as a multi	candidate committee. (see FEC FORM 1M)	·
_		<del></del>	For further information contact:	

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

## 2015:07:27:03:00013652

## **DETAILED SUMMARY PAGE** of Receipts

Write or Type Co	ommittee Name	<del></del>	raye <b>3</b>
INDIA	M REPUBLI	CAN ASSEMBLY	SUPER PAR
Report Covering	the Period: From:	24 61 2015 T	o: [86' 30' 2015
1	. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	(other than loans) From:		<del></del>
, ,	s/Persons Other itical Committees		
	red (use Schedule A)	02000	102000
(i) itemiz	ed (use scriedule A)		
(ii) Unite	mized	35000	56900
(iii) TOTA			
	11(a)(i) and (ii)▶	135000	
	Party Committees		
` '	litical Committees		
	PACs)		
	ntributions (add Lines (b), and (c)) (Carry		
	Line 33, page 5)▶	135000	156900
12. Transfers From			
	tees		
•			
13. All Loans Red	ceived		
14. Loan Repaym	ents Received		
	perating Expenditures		
(Refunds, Rel			
	to Line 37, page 5)		
16. Refunds of Co	ontributions Made Indidates and Other		
	mittees		
17. Other Federal			
	terest, etc.)		
18. Transfers from	n Non-Federal and Levin Fund	s	
(a) Non-Fede	ral Account		
(from Sci	hedule H3)		
(b) Levin Fun	ds (from Schedule H5)		
(c) Total Trans	sfers (add 18(a) and 18(b))	La company and the second	
19. Total Receipts	s (add Lines 11(d),		
	5, 16, 17, and 18(c))▶	12600	1569.00
		<u> </u>	
20. Total Federal	Receipts		
(subtract Line	18(c) from Line 19)▶	135000	156900

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**COLUMN A COLUMN B** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share ..... (ii) Non-Federal Share..... (b) Other Federal Operating Expenditures ..... (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ............ ▶ 22. Transfers to Affiliated/Other Party Federal Candidates/Committees and Other Political Committees...... 24. Independent Expenditures 26. Loan Repayments Made..... 27. Loans Made...... 28. Refunds of Contr Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees ......... (b) Political Party Committees ..... (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))...... ▶ 29. Other Disbursements ..... 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... (ii) "Levin" Share..... (b) Federal Election Activity Paid Entirely With Federal Funds ..... (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)).. 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....

# 2015 07 27 03 00013654

### **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

W.	Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date	
33.	Total Contributions (other than loans)			
	(from Line 11(d), page 3)	1,5200	75090	
34.	Total Contribution Refunds			
	(from Line 28(d))			
35.	Net Contributions (other than loans) (subtract Line 34 from Line 33)	135000	1569.00	
36.	Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	13.54.34	1573.73	
37.	Offsets to Operating Expenditures (from Line 15, page 3)			
38.	Net Operating Expenditures (subtract Line 37 from Line 36)	1,35434	157333	

#### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE OF Use separate schedule(s) (check only one) for each category of the X 11a 12 115 11c Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) SUPER REPUBLICAN Date of Receipt Mailing Address City Kozi Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Occupation Name of Employer FINANCE Receipt For Aggregate Year-to-Date ▼ General Primary Other (specify) Full Name (Last, First, Middle Initial) B. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) C. Date of Receipt Mailing Address City Zip Code State Amount of Each Receipt this Period FEC ID number of contributing **IC** federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

•
Ō
П
¥
I
*
ካ
-
-
Q
3
1
•
~
$^{\circ}$
7
可
1
•
_
a
넻
7
2
_
$\sim$
000
Ō.
ט
ñ
U
1
J.
7
3
Ö
0
56
P
O
-

SCHEDOLE D (LECTORII 3X)	l lee congrate schedule(s)	FOR LINE NU					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check only for each category of the		· 1				
	Detailed Summary Page	21b	22 23 24 25 26				
	L	27	28a 28b 28c 29 30b				
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.							
NAME OF COMMITTEE (In Full)							
INDIANA REDUBLICA	N ASSEMO	34 51	IPER VAE				
Full Name (Last, First, Middle Initial)							
A. =2-2.4:4			Date of Disbursement				
SPEDWAY			70 7 2015				
Mailing Address  JOS CHURCHMAN AVE  City  BEECH GROVE  Pumose of Disbursement			01 0013				
City S	State Zip Code	<del></del>	<del></del>				
BEKCH GROVE	1N 46007	ı İ					
Purpose of Disbursement		Alternative (*)					
<i>G</i> 45			Amount of Each Disbursement this Period				
Candidate Name		Category/	2500				
		Туре					
Office Sought: House Disburser	_						
Senate	Primary General	[	•				
President District:	Other (specify) ▼	ļ					
State: District:		<del></del>					
Full Name (Last, First, Middle Initial) <b>B.</b>		j	Date of Disbursement				
CULVERS	Culves						
Mailing Address	Mailing_Address						
5020 W 7/55 ST							
City State Zip Code							
City State Zip Code  JUDIANA POULS IN 410268  Purpose of Disbursement							
	-						
MEALS			Amount of Each Disbursement this Period				
Candidate Name		Category/	4149				
Office Coughts		Туре	Marie Committee				
Office Sought: House Disburser Senate	Primary General	ì					
President	Other (specify)						
State: District:							
Full Name (Last, First, Middle Initial)		<del></del>	<del></del>				
C.			Date of Disbursement				
SPEEDWAY							
Mailing Address			65 66 KB 12				
105 CHURCHMAN AVE	<u>်</u>						
City GO	State Zin Code 4/0/07						
Purpose of Disbursement	N 70001						
6AC			Amount of Each Dichumament this Beriad				
Candidate Name			Amount of Each Disbursement this Period				
		Category/ Type	5000				
Office Sought: House Disburser	ment For:	<del></del>					
Senate	Primary General						
President	Other (specify)	Ì					
State: District:							
SUBTOTAL of Disbursements This Page (optional)		·····•	management and and the second				
		<del></del>	DE UCA				
TOTAL This Period (last page this line number only)		······	120,00				

<u>0</u> 7
?
03
000013
657

•					
SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER:	PAGE OF	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	one)		
<u></u>	Detailed Summary Page	21b 27	22 23 28a 28b	24 25 26 28c 29 30b	
Any information copied from such Reports and Stater or for commercial purposes, other than using the name					
NAME OF COMMITTEE (In Full)	. 1			01 -	
WOLANA REPUBLIC	CAN ASSEN	1BLY	Super	PHE	
Full Name (Last, First, Middle Initial)  A.			Date of Disburseme	nt	
WACMART		05 06 2015			
Mailing Address 4650 5 6MERS	ON AUK				
City (NDIANAPOUS	State Zio Code  W Horo	3			
Purpose of Disbursement		ENEW MINES (MA)	Amount of Each Dis	sbursement this Period	
SUPUES Candidate Name	SUPPLES Candidate Name				
		Category/ Type		48/19	
_					
Senate	•				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)					
B. Vers CMU	Vast CHUI				
Mailing Address	Mailing Address				
9150 MICHIGAN R	$\mathcal{D}_{}$		-		
City  LND IAND-00 US  Purpose of Disbursement	IXIDIANA ODUS IN State Zip Code LOZ 68				
Purpose of Disbursement				sbursement this Period	
Candidate Name	Cardidate Name				
Candidate Name		Category/ Type		1862	
Office Sought: House Disburse	ment For:			······································	
Senate	Primary General				
State: District:	Other (specify) ▼				
Full Name (Last, First, Middle Initial)	<del></del>		<del></del>	<del></del>	
C. GOLONO	Coronal				
Mailing Address			35 77	5015	
14455 N HAYDEN	14455 N HAYBEN ROAD				
City	State Zip Code	-0			
Purpose of Disbursement	Sup TYS DALE AZ 85260 Purpose of Disbursement				
WEBSITE			Amount of Each Di	sbursement this Period	
Candidate Name		Cotoon			

Category/ Type

FEC Schedule B (Form 3X) Rev. 02/2003

Office Sought:

State:

House

Senate President

TOTAL This Period (last page this line number only).....

Disbursement For:

SUBTOTAL of Disbursements This Page (optional).....

Primary General
Other (specify)

SCHEDULE B (FEC Form 3X)	Use separate schedule(s)	FOR LIN	E NUMBER:	PAGE OF
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	211	22 2	3 24 25 28c 29 3
Any information copied from such Reports and State or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full)				
/ INDIANA REPUBLIC	AN ASSEM	BLY	SUPER	PAC
Full Name (Last, First, Middle Initial)			Date of Disb	ursement
MCL			- To-	
Mailing Address 2370 W 86TM			amine: :0	
City	State, Zip Code  HOUSE	)		
Purpose of Disbursement		S BURNING CA	-	
MGALS Candidate Name		-	Amount of E	ach Disbursement this Period
		Category/ Type		289
Office Sought: House Disburse Senate	ement For: Primary General		ļ	
President	Other (specify)			
State: District: Full Name (Last, First, Middle Initial)	<del></del>		+	<del></del>
B. CMILIS			Date of Disb	ursement
Mailing Address			05	11 2015
1281 N US HWY	31	·		
City GRZYWOD	State Zip Code	_		
Purpose of Disbursement			A	inch Dinkuranen Akin Davisa
Candidate Name		Category/	Amount of E	ach Disbursement this Period
		Type		24.5
Office Sought: House Disburs	ement For: Primary General			
President	Other (specify) ▼			
State: District:			<del></del>	<del> </del>
Full Name (Last, First, Middle Initial)  C.			Date of Dish	oursement
SPEEDWAY			705	15 2015
Mailing Address  105 CAN HOMAN AV	<u></u>		***********	13 2013
105 CHULTHMAN AV	State Zip Code + Vaco	7		
Purpose of Disbursement		The state of the s		
GAS Candidate Name		Cotogony	Amount of E	ach Disbursement this Perio
Off.		Category/ Type		(60° 5
Office Sought: House Disburs Senate	ement For:    Primary   General			
President	Other (specify)			
State: District:				

TOTAL This Period (last page this line number only).....

)
2 0 1
3
<u></u>
ኃ
~
Õ
Q 7
<u>,</u>
3
Ę
1
-
Q
3
-
Λ
000
y
Ų
Ţ
3
6
ζ
ã
5

#### SCHEDULE B (FEC Form 3X) PAGE OF FOR LINE NUMBER: Use separate schedule(s) (check only one) ITEMIZED DISBURSEMENTS for each category of the **≱** 21b 25 22 24 26 **Detailed Summary Page** 28a 28c 29 30b Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Date of Disbursement Mailing Address Zip\_Code 0)P08@ Purpose of Disbursement Amount of Each Disbursement this Period RADLO Category/ Type Office Sought: House Disbursement For: General Senate Primary President Other (specify) District: State: Full Name (Last, First, Middle Initial) Date of Disbursement 6TON Zip Code Amount of Each Disbursement this Period Candidate Category/ Type Office Sought: House Disbursement For: Senate **Primary** General President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Date of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only)......

7
気
0
Ŧ
L
2
2
_
_
Q
á
1
٠_
2
6
7
_
$\alpha$
03
2
,
-
~
000
ñ
Ų
O
پ
1
专
3
8
6
a
9
Ю
40

SCHEDUL	E B	(FEC	Form	3X)
<b>ITEMIZED</b>	DISE	BURSE	MENT	S

SOMEDOLL B (LEG FORM SX)	Hea congrete schedule(s)	FOR LINE NUMBE	R: PAGE OF
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 21b 22 27 28	23 24 25 26 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the name			
NAME OF COMMITTEE (In Full)			
Full Name (Last, First, Middle Initial)  A.  Mailing Address  D. O.		Date	of Disbursement
Purpose of Disbursement  ADM N SUPPORT  Candidate Name  Office Sought: House Disbursem Senate President  State: District:		Category/ Type	unt of Each Disbursement this Period
B. VERLES Windle Initial)  Mailing Address  (dg 377   97   40	<b>7</b>	Date	of Disbursement
Purpose of Disbursement  PURPLE & CYLLS  Candidate Name  Office Sought: House Disbursem  Senate President			unt of Each Disbursement this Period
State: District:  Full Name (Last, First, Middle Initial)  C.  REGUNS RANK  Mailing Address  3822 S FMERS	SON AVE	Date	of Disbursement
City Purpose of Disbursement  FEES  Candidate Name  Office Sought: House Disbursen  Senate	State Zip Code	Category/ Type	unt of Each Disbursement this Period
SUBTOTAL of Disbursements This Page (optional)  TOTAL This Period (last page this line number only)			\$9.300

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

FOR LINE 13 OF FORM 3X

IAME OF COMMITTEE (In Full)	
INDIAMA REPUBLICAN ASSEM	BLY SUPER PAC
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: Primary
Mailing Address  Mailing Address	General  Other (specify) ▼
City INDIANAPOLIS State IN ZIP CO	ode 46256
Original Amount of Loan Cumulative Payment To	
((8000)	1,0000
TERMS Date Incurred Date Due	Interest Rate Council
Date Incurred Date Due  Date Incurred Date Due	
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount
ony State In Sect	Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
	Amount
City State ZIP Code	Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
State Zir Code	Outstanding:
<u> </u>	
CIRTOTAL & This Decided This Deces (anti-one)	
SUBTOTALS This Period This Page (optional)	Paradiaren and Protection and Protection and Desperature and International
TOTALS This Period (last page in this line only)	11,090,00
Carry outstanding balance only to LINE 3, Schedule D, for this line. I	f no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)	PAGE	OF
for each category of the Detailed Summary Page	FOR LIN	E 13 OF FORM 3X

	-1		
NAME OF COMMITTEE (IN FUII)  NOTANA REPUBLICAN ASSEMBLY SUPER PAC			
LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:		
GEORGE HELMS Mailing Address	☐ Primary ☐ General ☐ Other (specify) ▼		
City NOBLES VILLE State (N ZIP Co	ode 40062		
Original Amount of Loan Cumulative Payment To			
\$9000	<u> </u>		
TERMS Date Incurred Date Due	Interest Rate Secured:		
03 10 2013 12 37 3			
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
	Outstanding:		
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
SUBTOTALS This Period This Page (optional)	· · · · · · · · · · · · · · · · · · ·		
TOTALS This Period (last page in this line only)	<b>▶</b>		
Carry outstanding balance only to LINE 3, Schedule D, for this line. I	f no Schedule D, carry forward to appropriate line of Summary.		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE OF

\_\_\_\_\_

FOR LINE 13 OF FORM 3X

	<u> </u>		
NAME OF COMMITTEE (in Full)			
ND ANA REPUBLICAN ASSET			
	Election:  Primary		
BROWN, DONNA M	General		
Mailing Address 5720 PORT AU PRINCE, A	P7   R Other (specify) ▼		
City / D/AMA POLLS State / J ZIP Co			
Original Amount of Loan Cumulative Payment To			
7,00000	17233 5827.67		
TERMS			
Date Incurred Date Due	Interest Rate Secured:		
00 10 2013 07 01 2	% (Apr) Yes No		
List All Endorsers or Guarantors (if any) to Loan Source			
Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
	Amount		
City State ZIP Code	Guaranteed Outstanding:		
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	Amount		
City State ZIP Code	Guaranteed Outstanding:		
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
Mailing Address	Occupation		
0	Amount		
City State ZIP Code	Guaranteed Outstanding:		
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City State ZIP Code	Amount Guaranteed		
City State ZIP Code	Outstanding:		
SUBTOTALS This Period This Page (optional)			
TOTALS This Period (last page in this line only)			
Carry outstanding balance only to LINE 3. Schedule D. for this line. If	no Schedule D. carry forward to appropriate line of Summary		

Use separate schedule(s) for each category of the Detailed Summary Page

PAGE O

FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)	Campill Super DAC
INDIANA REPUBLICAN AS LOAN SOURCE Full Name (Last, First, Middle Initial)	Election:
BROWN DONNA M	Primary General
Mailing Address 5720 PORT AU PRINCE, AG City / 11 DIA NAPOUS State (1) ZIP Co	Other (specify) ▼
City DIANAPOUS State (U ZIP Co	40 201
1,50000	60000 900,80
Date Incurred  Date Due  Date Due	Interest Rate Secured:  % (apr)  Yes No
List All Endorsers or Guarantors (if any) to Loan Source	
Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed
	Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
SURTOTALS This Paried This Page (anticas)	
TOTALS This Period (last page in this line only)	
Carry outstanding balance only to LINE 3. Schedule D. for this line. If	no Schadula D. carry fanyard to appropriate line of Cumman.

#### SCHEDULE D (FEC Form 3X) **DEBTS AND OBLIGATIONS**

(Use separate schedule(s) for each

PAGE OF FOF (che

R LINE NUMBER:	
eck only one)	<u></u> 9
	≥ 10

Excluding			numbered line)	10
NAME OF	COMMITTEE (In Full)			
101	DIANA REPUBLIC	AN ASSEMBLY	Super D	AC
A. Full	Name (Last, First, Middle Initial) of Debto	r or Creditor	Nature of Debt (P	urpose):
	HOBUITY FIRS	t DATA)		
Mailing	Address S EMERSO	N AVE	1	1
City	State State	Zip Code		
14	DIANAPOUS	1 46203		
Outst	tanding Balance Beginning This Period		_	
) i	31608			
	Amount Incurred This Period	Payment This Period	Outstanding Ball	ance at Close of This Period
<del>9€€€€</del> -		Taymon Tillo I onoc		216.0
ا السح				<u></u>
B. Full	Name (Last, First, Middle Initial) of Debtor	or Creditor	Nature of Debt (P	urpose):
Mailing	Address			
City	State	Zip Code		1
-	Anadia Dalama Dalama Dalama			
	tanding Balance Beginning This Period			
1				
	Amount Incurred This Period	Payment This Period	Outstanding Bal	ance at Close of This Period
	h Atlanta of the control of the cont	,		A THE STATE OF THE
				<u></u>
C. Full	Name (Last, First, Middle Initial) of Debto	or or Greditor	Nature of Debt (P	rurpose):
Mailing	Address			
City		State Zip Code	<del></del>	
Ĺ				
Outs	tanding Balance Beginning This Period			
, Lane (	. an <del>imanta animantambanta animan</del> t.			
ئىست	Amount Incurred This Period	Payment This Period	Outstanding Pol	lance at Close of This Period
	Amount incurred this Period		Outstanding bar	The second of the remote
		; 	<u></u>	لسمسمم
	<del></del>		(,	
1) SUBTO	OTALS This Period This Page (optional)		ا	3(698)
0) 70-	O This Desired flam " "	and the same of th		· · · · · · · · · · · · · · · · · · ·
2) IOTAL	LS This Period (last page this line number	only)	···· F	
3) TOTAL	L OUTSTANDING LOANS from Schedule	C (last page only)	>	1652767
A	Il and 21 and arms for and	line of Summer Page 11	26.4	199U 775
4) ADD 2	2) and 3) and carry forward to appropriate	line of Summary Page (last page of	niy) ►   <u>,</u>	

14 50,000 PAL 30x 721 30x 721



COMM158102 DC 20463 - FLECTION XX, WASHIDGTON, 999 E ST, TRUBRAL

Michaeldennalla Metalle Mandalla Marchaelden Marchaeld

17.11175

## Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received.

The FEC added this page to the cha of this himly to maleate	now a was received.
Hand Delivered	Date of Receipt
Postmarked	Date of Receipt
USPS First Class Mail 7/15/15	7/27/15
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	rostillarkeu
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
. Next Busines	ss Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
	Receipt or Postmarked
Other (Specify):	
	7/27/15
PREPARER (2/0045)	DATE PREPARED
(3/2015)	